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An Outline for the Health Grading

of

The School Child

by

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The Health Index of Children



School _____ Date _____

Pupil's Name _____ Grade _____

Teacher's Name _____

Town or City _____

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Health Grading of the School Child

(For Teachers or School Nurses.)

DIRECTIONS FOR USE.

This plan for the health grading of school children consists of two parts:

1. An outline for a partial HEALTH SURVEY to be made with the aid of the pupils themselves or in the case of young pupils with the aid of parents.
2. An outline for a more extensive HEALTH SURVEY on the part of teachers.

In schools where a medical officer or nurse is employed this outline will serve as a useful preliminary health survey.

With the employment of this survey no school need wait for the appointment of a medical officer or nurse before commencing some effective health work with school children.

It is desirable that the teacher should, in the absence of medical officer or nurse, make this survey as early as possible after the children enter school, but if necessary the teacher may take her own time and complete the survey of the children in her room at her own convenience.

It is desirable that this survey be made in the case of every child, but in any event the teacher should make it in the case of every pupil whom she suspects of being mentally or physically unsound.

The answers obtained to any one question may be of no particular significance but the answers taken as a whole will be of very great significance. The answers to questions in the same group are often of great importance, for example, it may be discovered that a pupil complains of headache, blurred vision, and inability to see easily what is written on the board. In such a case the pupil is unquestionably suffering from a more or less serious eye defect; or again, it may be noted that the pupil complains of earache, running ear and perhaps inability to hear easily what the teacher says. Such a group of significant points would indicate unquestionable ear disease leading to permanent deafness; a peculiar standing posture may indicate any one of a number of things, for example, spinal disease, weak muscles, beginning hip joint disease, etc.

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The teacher is strongly recommended to make these surveys without attracting the attention of the individual pupil too much to the fact that he is under observation. The teacher will soon discover that her powers of observation in matters pertaining to the pupils' health will be greatly increased and her attention will be called to many things of importance which she formerly entirely overlooked. As a matter of fact, one of the most important uses of this health survey consists in the fact that it trains the teacher's powers of observation.

When one or more conditions are discovered by the use of this survey, which in the opinion of the teacher require attention from the family physician, specialist or dentist, a notice should be sent to the parents in the following form:

Date.....

Notice to Parents or Guardians:

.....appears to the teacher to be in need of
.....attention. A further examination by
your family physician, dentist, or specialist, is advised.

.....
Principal.

.....
School.

The parent will please sign here and return the notice to the principal.

.....

HEALTH SURVEY

PART I.

(Questions to be answered by Pupil or Parent.)

NAME SCHOOL

DATE GRADE

Question 1. How old are you?

Answer:

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- | | Yes | No |
|--------------|--|----|
| Question 2. | Have you ever had much serious sickness? | |
| Answer: | | |
| Question 3. | What do you usually eat for breakfast? | |
| Answer: | ..... |  |
| Question 4. | Do you eat breakfast every day? | |
| Answer: | ..... |  |
| Question 5. | Do you eat dinner every day? | |
| Answer: | ..... |  |
| Question 6. | Do you drink coffee? | |
| Answer: | ..... |  |
| Question 7. | Do you drink tea? | |
| Answer: | ..... |  |
| Question 8. | Do you have your bedroom window open or shut at night? | |
| Answer: | ..... |  |
| Question 9. | Have you ever been to a dentist? | |
| Answer: | ..... |  |
| Question 10. | Do you own a toothbrush? | |
| Answer: | ..... |  |
| Question 11. | Do you use a toothbrush? | |
| Answer: | ..... |  |
| Question 12. | Do you often have toothache? | |
| Answer: | ..... |  |
| Question 13. | Do you have headache often? | |
| Answer: | ..... |  |
| Question 14. | Can you read easily what is written on the blackboard? | |
| Answer: | ..... |  |
| Question 15. | Does the print blur in your book? | |
| Answer: | ..... |  |
| Question 16. | Do you see things double? | |
| Answer: | ..... |  |
| Question 17. | Do you often have ear-ache? | |
| Answer: | ..... |  |
| Question 18. | Do your ears ever run? | |
| Answer: | ..... |  |
| Question 19. | Can you hear easily what the teacher says? | |
| Answer: | ..... |  |
| Question 20. | Is it hard for you to breathe through your nose? | |
| Answer: | ..... |  |
| Question 21. | Do you have sore throat often? | |
| Answer: | ..... |  |
| Question 22. | Do you tire easily in school? | |
| Answer: | ..... |  |
| Question 23. | Do you work any out of school hours? | |
| Answer: | ..... |  |
| Question 24. | What kind of work? | |
| Answer: | ..... |  |
| Question 25. | How much? | |
| Answer: | ..... |  |
| Question 26. | What time do you go to bed? | |
| Answer: | ..... |  |
| Question 27. | What time do you get up? | |
| Answer: | ..... |  |

HEALTH SURVEY

PART II.

(Questions to be answered by the Teacher.) *

A. General Appearance.

	Yes	No
1. Is the child healthy appearing?		
2. Is his color good?		
3. Is he physically well developed?		
4. Is he free from apparent deformities?		
5. Has he a good standing posture?		
6. Has he a good sitting posture?		
7. Are the shoulders even?		
8. Does the child walk normally?		
9. Are the heels of the shoes worn evenly?		
10. Is the physiological age of the child apparently equal to that of his actual age?.....		

B. Mental Conditions.

1. Is the child normally advanced in school?..	.....	.....
2. Is he mentally alert? .....	.....	.....
3. Does he answer ordinary questions intelligently? .....	.....	.....
4. Does he play normally? .....	.....	.....

C. Nervous Conditions.

1. Is the child good tempered? .....	.....	.....
2. Is he free from abnormal emotion? .....	.....	.....
3. Does he have good powers of muscular coordination? .....	.....	.....
4. Is the child free from spasmodic movements?	.....	.....
5. Is he free from the nail biting habit? .....	.....	.....
6. Does he speak without stammering? .....	.....	.....
7. Is he free from pronounced peculiarities such as irritability, timidity, embarrassment, cruelty, moroseness, fits, general misbehavior, etc.? .....	.....	.....
8. Is he apparently free from bad sexual habits?	.....	.....
9. Is he free from so-called "bladder trouble" (requests to "go out")? .....	.....	.....
10. Is he usually free from headache? .....	.....	.....

* Indicate answers by a check mark.

Answer as many questions as possible.

D. Teeth.		Yes	No
1.	Are the teeth clean looking? .....	.....	.....
2.	Are the teeth sound looking?.....	.....	.....
3.	Are the six-year molars in good condition? .....	.....	.....
4.	Has the child been to a dentist within six months? .....	.....	.....
5.	Are the teeth regular? .....	.....	.....
6.	Does the child use a tooth brush every day? .....	.....	.....
7.	Are the gums free from abscesses? .....	.....	.....
8.	Are the gums healthy looking? .....	.....	.....
9.	Are the upper teeth straight (not prominent)? .....	.....	.....
10.	Have decayed teeth been filled?.....	.....	.....

E. Nose and Throat.		Yes	No
1.	Does the child breathe with the mouth closed? .....	.....	.....
2.	Is he free from chronic nasal discharge?....	.....	.....
3.	Is he free from "nasal voice?" .....	.....	.....
4.	Has he a well developed face? .....	.....	.....
5.	Has he a well developed chin? .....	.....	.....
6.	Has he straight even teeth? .....	.....	.....
7.	Is the child mentally alert? .....	.....	.....
8.	Is he usually free from sore throat? .....	.....	.....
9.	Is the hearing good?.....	.....	.....

F. Ears.		Yes	No
1.	Does the child usually answer questions without first saying "what?" .....	.....	.....
2.	Is he fairly attentive? .....	.....	.....
3.	Is he fairly bright appearing (not stupid)?..	.....	.....
4.	Does he have a voice with good expression (not expressionless)? .....	.....	.....
5.	Does he spell fairly well? .....	.....	.....
6.	Does he read fairly well? .....	.....	.....
7.	Is he free from complaints of ear-ache?....	.....	.....
8.	Is he free from ear discharge?.....	.....	.....
9.	Is he free from any peculiar postures which might indicate deafness? .....	.....	.....

G. Eyes.		Yes	No
1.	Are the child's eyes straight? .....	.....	.....
2.	Is he free from chronic headache? .....	.....	.....
3.	Does he do his work without fatigue? .....	.....	.....
4.	Is he free from squinting or frowning? .....	.....	.....

	Yes	No
5. Is the child free from postures which might indicate eye defects, such as leaning over too near the desk, holding the head on one side, etc.?		
6. Are the eyes free from redness and discharge?		
7. Are the eyelids healthy looking?		
8. Can the child read writing on the board from his seat?		
*9. Have the eyes been tested separately with the Snellen Test Type?.....		

H. Communicable Diseases of the Skin.

1. Is the head free from any signs of disease (lice, ringworm)? .....	.....	.....
2. Is the skin healthy looking?.....	.....	.....

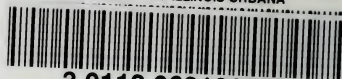
**** I. Eruptive Children's Diseases.**

Is the child free from the following general early indications of contagious diseases?

1. Flushed face .....	.....	.....
2. Aches and pains .....	.....	.....
3. Vomiting .....	.....	.....
4. Eruptions .....	.....	.....
5. Congested eyes .....	.....	.....
6. Discharging eyes .....	.....	.....
7. Nasal discharge .....	.....	.....
8. Persistent cough .....	.....	.....
9. Scratching .....	.....	.....
10. Sleepiness .....	.....	.....

* Teachers may use their own judgment about this test.

** These points often indicate the early signs of transmissible diseases in children. They will, of course, not ordinarily be observed at the time of making this Health Survey.



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SUMMARY

Physical Development.....

Nervous System.....

Nutrition.....

Mental Condition

Eyes.....

Ears.....

Nose

Throat

Teeth

Skin.....

Eruptive Disease.....

Food

Ventilation

Coffee Habit.....

Tea Habit.....

REMARKS